



Able-Disabled Advocacy

VetWORKS Application

SSN _____-_____-_____

Personal Information (Please Print)

Name _____

Last

First

MI

Street Address _____

(Residence)

Street Number

Apt.

City

State

Zip Code

Mailing Address _____

(If Different)

Street Number

Apt.

City

State

Zip Code

Telephone # _____ Cell/Message # _____ Email Address: _____

Citizen Status: U.S.	1. Yes 2. No	Eligible to Work in the U.S.	1. Yes 2. No	Alien Doc. # : _____
Gender:	1. Female 2. Male	Birth Date: _____	Age: _____	Driver's License #: _____ State: _____
				State Identification #: _____ State: _____

Race: (Select one or more)

- AA Asian Indian
- AB Cambodian
- AC Chinese
- AD Filipino
- AE Guamanian
- AF Hawaiian
- AG Japanese
- AH Korean
- AI Laotian
- AJ Samoan
- AK Vietnamese
- AL Other Asian/Pacific Island
- AO Other Asian
- BL Black
- HI Hispanic
- NA American Indian/
Alaskan Native
- WH White-Not Hispanic

Concurrent Participation:

- | | | |
|---|-------|------|
| Adult Education | 1 Yes | 2 No |
| Job Corps | 1 Yes | 2 No |
| Farmworker Program | 1 Yes | 2 No |
| Native American Program | 1 Yes | 2 No |
| Veterans' Workforce Invest. Prog. | 1 Yes | 2 No |
| Veterans' / DVOP LVR | 1 Yes | 2 No |
| Trade Adjustment Act | 1 Yes | 2 No |
| NAFTA-TAA | 1 Yes | 2 No |
| Vocational Education | 1 Yes | 2 No |
| Vocational Rehabilitation | 1 Yes | 2 No |
| Wagner-Peyser | 1 Yes | 2 No |
| WtW-Participant | 1 Yes | 2 No |
| Title V Activities (OAA) | 1 Yes | 2 No |
| Comm Srvc Blk Grant Pgm | 1 Yes | 2 No |
| HUD Pgm | 1 Yes | 2 No |
| Other non-WIA Prog. | 1 Yes | 2 No |
| Rapid Response | 1 Yes | 2 No |
| Rapid Response-Additional
Assistance | 1 Yes | 2 No |
| TANF | 1 Yes | 2 No |
| Food Stamp Training Program | 1 Yes | 2 No |

Disabled:

- 1. Yes, Major
- 2. Yes, Substantial
- 3. No

Limited

- 1. Yes

English:

- 2. No

Substance

- 1. Yes

Abuse:

- 2. No

Basic Skills

- 1. Yes

Deficient:

- 2. No

Offender:

- 1. Yes
- 2. No

If answered yes please answer the following questions:

Yes, Misdemeanor
When? _____ Offense _____Yes, Felony
When? _____ Offense _____

Are you receiving Temporary Assistance to Needy Families (TANF)? 1. Yes 2. No

Are you receiving cash assistance under a General Assistance program (GA)? 1. Yes 2. No

Are you receiving cash assistance under a Refugee Cash Assistance program (RCA)? 1. Yes 2. No

Are you receiving cash assistance under the Supplemental Security Income program (SSI-SSA)? 1. Yes 2. No

Are you receiving Food Stamps? 1. Yes, Eligible (was receiving the last 6 months) 2. Yes, Receiving 3. No

Number in Family: _____ Total number of family members, including yourself that live in your household.	Number of Dependents: _____ Total number of your dependents that are <u>under the age of 18</u> .	Family Status: 1. Parent in one-parent family 2. Parent in two-parent family 3. Other family member (married) 4. Not a family member (single) 5. Not reported
Family Income: _____ (Prior six months. Exclude unemployment, child support, public assistance.)	Low Income: 1. Yes 2. No Receiving cash under a Federal, State, or income-based public assistance program.	
TANF Exhaustee: 1. Yes Have you exhausted all TANF benefits.	Homeless: 1. Yes 2. No Are You becoming homeless within the the next 7 days? 1. Yes 2. No	Poor Work History: 1. Yes 2. No Unemployment Insurance: 1. Yes, UI Claimant 2. Yes, UI Exhausted 3. No (neither of above)

Veteran Status: 1. Served less than 180 days 2. Served more than 180 days 3. No	Disabled Veteran: 1. Yes 2. Yes, Special disabled 3. No	Veteran Separation Date: _____
Recently Separated Veteran: 1. Yes 2. No (less than 48 months)	Campaign Veteran: 1. Vietnam Veteran 2. Other Campaign Veteran 3. No	Type of Discharge: _____ (All veteran status needs to be verified by a valid DD214 or a VA letter of service)
Service Connected Disability: (VA Rating ____%) (Claim Pending ____)	Selective Service Registration: 1. Yes, Registered 2. No, Not Registered 3. Exempt from Registered 4. Not Required	

Highest Grade Completed: 12 High School Diploma 88 GED _____ 13-15 Number of school years completed 16 Bachelors degree 17 Education beyond the Bachelors degree	Educational Status at Application: 1. Student, H.S. or less 2. Student, attending post H.S. 3. Out-of-School, H.S. dropout 4. Out-of-School, H.S. grad, employ. difficulty 5. Out-of-School, H.S. grad, no employ.difficulty
Are you a Pell Grant Recipient? 1. Yes 2. No, Applied but denied 3. No, Application pending 4. Application not submitted	If yes, Pell Grant School Year? _____ Award Amount? _____

Labor Force Status: 1. Employed 2. Not Employed	Weeks Not Employed last 26 Weeks: _____	Hourly Wage: _____ (last employment wages)
Referred by WPRS: 1. Yes (Are you a EDD-UI claimant that has been contacted by EDD that has referred you to WIA reemployment services.) 2. No	Dislocated Worker: 1. Terminated, Laid off or voluntarily terminated employment and is UI eligible 2. Received Notice of Layoff 3. Long Term Unemployed 4. Self Employed 5. Displaced Homemaker 6. Not Applicable	

Have ever received services from other career centers or veteran providers? _____ Yes _____ No
If yes, please identify the organization (s): _____

Work History (most recent first):

Employer _____

Address: _____

Telephone: _____ Job Title: _____

Dates Employed ____/____/____ to ____/____/____ Hourly wage \$ _____ Full time ____ Part time ____

Reason for leaving: _____

Employer _____

Address: _____

Telephone: _____ Job Title: _____

Dates Employed ____/____/____ to ____/____/____ Hourly wage \$ _____ Full time ____ Part time ____

Reason for leaving: _____

Emergency Contact: _____ Relationship: _____
Street Address of Above: _____
City: _____ State: _____ Zip: _____ Phone: _____

I certify under penalty of perjury that all of the above information is true and complete.

Applicant's Signature: _____ Date: _____

Dear Veteran:

A-DA is committed to assisting you to find a job of your choice that meets your unique needs, both personally and financially. Should you have any physical, stress related or other issues that would keep you from performing a particular job or job duty, please discuss this with your counselor during the intake process. This will ensure that we are searching for appropriate jobs. We want your future employment to be successful and long-lasting.

Thank you.

**Elaine Cooluris
Executive Director**